

(1) Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) In the Matter of the Guardianship and/or Conservatorship of: \_\_\_\_\_  
Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
A Minor \_\_\_\_\_

(3) Case Number: GC \_\_\_\_\_

**PETITION TO DISCHARGE THE:**  
(4) ☐ **GUARDIAN**  
☐ **CONSERVATOR**  
☐ **GUARDIAN AND CONSERVATOR**

**STATEMENTS TO THE COURT:**

(5) Birthdate of Ward 1: \_\_\_\_\_ Ward 2: \_\_\_\_\_ Ward 3: \_\_\_\_\_  
(6) I want the court to discharge the guardian and/or conservator of Ward: ☐ 1 ☐ 2 ☐ 3.  
(7) Guardian and/or Conservator's Name: \_\_\_\_\_  
If I am the guardian, a Guardian's Report is attached. If I am the conservator, a Conservator's Accounting Upon Discharge and Final Accounting are attached.  
(8) Name of Other Guardian and/or Conservator Not Seeking Resignation: \_\_\_\_\_

**Termination of Guardianship Upon the Parent's Withdrawal of Consent:**

(9) ☐ I am the ward's parent. I signed a consent to the guardianship. Now I withdraw that consent.

**Termination Upon the Guardian's and/or Conservator's Request:**

(10) I am the guardian. Guardianship should terminate because:  
The ward has: ☐ turned 18 ☐ died ☐ married ☐ been adopted.  
☐ The parent withdrew consent.  
☐ Other: \_\_\_\_\_  
(11) I am the conservator. Conservatorship should terminate because:  
The ward has: ☐ turned 18 ☐ died.  
☐ Other: \_\_\_\_\_  
Proof of the terminating event is attached.

**Resignation of the Guardian and/or Conservator:**

(12) I am the guardian and/or conservator, and I submit my resignation because:  
\_\_\_\_\_

**Venue:** This court appointed the guardian and/or conservator.

**(13) Another Court Has Held a Hearing on This Guardianship and/or Conservatorship:**

Court Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Judge's Name: \_\_\_\_\_ Judge's Phone Number: \_\_\_\_\_

**(14) Ward's Attorney:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**(15) Restricted Accounts:**

Bank or Institution Name	Name on Account	Account Description	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**(16) PEOPLE ENTITLED TO NOTICE:**

	WARD 1	WARD 2	WARD 3
THE WARD OVER 13			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR MOTHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR FATHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR CLOSEST ADULT RELATIVE			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR GUARDIAN AND/OR CONSERVATOR			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
PEOPLE HAVING CARE OR CUSTODY OF THEM			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

**PEOPLE WHO FILED  
A DEMAND FOR NOTICE**

NAME: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**THE WARD'S CHILDREN OVER 17**

PEOPLE WHO FILED  
A DEMAND FOR NOTICE

THE WARD'S CHILDREN OVER 17

NAME: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
NAME: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

THE WARD'S SPOUSE

**REQUESTS TO THE COURT:**

1. Schedule a hearing to discharge the guardian and/or conservator.
2. Appoint a successor guardian and/or conservator if needed.
3. For each restricted account, direct the bank or financial institution to release the funds to the ward or transfer them to the successor conservator.

I have read this Petition, and it is true and complete to the best of my knowledge.

(17) Guardian and/or Conservator's Signature: \_\_\_\_\_

State of Arizona )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: Notary Public: \_\_\_\_\_  
Notary Expiration Date: \_\_\_\_\_

I have read this Petition, and it is true and complete to the best of my knowledge.

Guardian and/or Conservator's Signature: \_\_\_\_\_

State of Arizona )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: Notary Public: \_\_\_\_\_  
Notary Expiration Date: \_\_\_\_\_